Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Honeywell International Political Action Committee 101 Constitution Ave. NW ADDRESS (number and street) Suite 500 West (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS HIPAC@honeywell.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2017 C00096156 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Kirkhorn, Nicholas, B,, Type or Print Name of Treasurer Kirkhorn, Nicholas, B,, [Electronically Filed] 80 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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	COMMITTEE  Committee:		
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)		
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
Name of Candidate			
Candidate Party Affiliat	Office Sought: House Senate President	State	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Cor		Democratic,	
(d)		Republican, etc.) Party.	
Political A	action Committee (PAC):		
(e) <b>x</b>	nected organization is a		
	Corporation Corporation w/o Capital Stock	Labor Organization	
	Membership Organization Trade Association	Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.		
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party	
	In addition, this committee is a Lobbyist/Registrant PAC.		
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint Fund	draising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political	
Com	mittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4			

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Write or Type Committee Name	L-2000)	i ago <b>o</b>
	national Political Action Committee	
·	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	n PAC Sponsor
-		o i Ao opolisoi
Honeywell Internationa	<u> </u>	
Mailing Address	101 Constitution Ave NW	
Walling Address	Suite 500 West	
	Washington DC 20001	
	CITY STATE ZI	IP CODE
	CITT STATE ZI	IF CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
<ol><li>Custodian of Records: Identi books and records.</li></ol>	tify by name, address (phone number optional) and position of the person in posse	ession of committee
	icholas, B, ,	
Full Name	,101 Constitution Avenue NW	
Mailing Address	Suite 500 West	
	Washington DC 20001	
Title or Position	CITY STATE ZI	P CODE
Custodian of Records		86 4008
8. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	e and address of
Full Name Kirkhorn, Ni	icholas, B, ,	
of Treasurer	104 O	
Mailing Address	101 Constitution Avenue NW	
	Suite 500 West	
	Washington DC 20001	
Title or Position	CITY STATE ZII	P CODE
Treasurer		2 2629

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Full Name of Designated Agent  Kast, Law	rrence, , ,					
Mailing Address	101 Constitution Ave NW					
	Suite 500 West					
	Washington	DC 20001 STATE	ZIP CODE			
Title or Position Assistant Treasurer	Telephone n	umber 202	662			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.						
Chain	Bridge Bank					
Mailing Address	1445-A Laughlin Avenue					
	McLean	VA 22101				
	CITY	STATE	ZIP CODE			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY	STATE	ZIP CODE			

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This registration is being amended to disclose a new Treasurer and contact information.

Form/Schedule: Transaction ID: